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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:	: OFFICIAL	<u>PATENT</u>
MICHAEL L. WALKER	:	
Serial No.: 09/975,797	:	
Filed: October 11, 2001	:	Group Art Unit: 1712
For: BRINE FLUIDS WITH IMPROVED	:	Examiner: Philip C. Tucker
CORROSION PROPERTIES	:	Docket No.: 194-15337CIP
	:	Date: April 6, 2004

AMENDMENT UNDER 37 CFR §1.111

Mail Stop Non-Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

Sir:

In response to the Office Action dated March 19, 2004, please enter the following Amendment.

In the Claims

In compliance with 37 CFR §1.121, please find beginning on the following page the status of all claims, including changes to claim 12.

I hereby certify that this correspondence, and any attachments referred to, is being facsimile transmitted to the USPTO at 703/872-9310, on

APRIL 6, 2004

Date

David L. Mossman

PTO/SB/21 (08-03)

Approved for use through 06/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

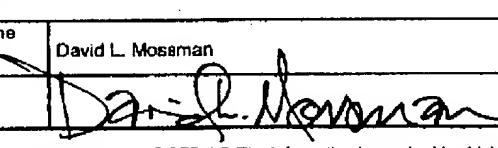
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/975,797	RECEIVED CENTRAL FAX CENTER APR 06 2004
		Filing Date	10/11/2001	
		First Named Inventor	MICHAEL L. WALKER	
		Art Unit	1712	
		Examiner Name	PHILIP C. TUCKER	
Total Number of Pages in This Submission	9	Attorney Docket Number	194-15337CIP	

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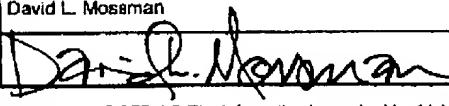
ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):	
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Remarks			
No fee is required because there were no changes to the claim number.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	David L. Mossman
Signature	
Date	April 6, 2004

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	David L. Mossman
Signature	
Date	April 6, 2004

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